

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36909

PLACE OF DEATH

County Jasper
Township Liberty
City Joplin, Mo. (No. 2002)

Registration District No. 41
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1602 Conover St., Wagon
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph G. Wherry
7. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 - 1884

8. AGE YEARS 91 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ho. wife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) St. Louis County, Mo. (STATE OR COUNTRY)

13. NAME Judge Phillip S. Lanham

14. BIRTHPLACE (CITY OR TOWN) Maryland (STATE OR COUNTRY)

15. MAIDEN NAME Sarah L. Burbury

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Mr. Eleanor S. Nichols (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried at home PLACE Joplin, Mo. DATE Nov. 24, 1933

19. UNDERTAKER Park-Brewer Co. (ADDRESS) Joplin, Mo.

20. FILED 11-23, 1933 Ed Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933 to Nov. 23, 1933

I last saw him alive on Nov. 17, 1933 Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

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